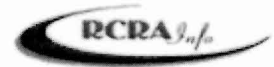
**Handler - Handler Search**

Enter the Handler ID you wish to search on:

Handler ID:

[Search](#) [Cancel](#) [Clear](#)

Your search has found 1 handler(s).

**Search Results**

| Act Loc | Handler Name                       | EPA Id       | Street No. | Street Address | City   | State | Zip Code  | County | In a Universe |
|---------|------------------------------------|--------------|------------|----------------|--------|-------|-----------|--------|---------------|
| NJ      | LOU BOLE<br>CARPET<br>CARRIERS INC | NJD085650935 | 445        | WILSON AVE     | NEWARK | NJ    | 071054213 | ESSEX  | N             |

[Create New Handler](#)

URL: /HANDLER2/Handler\_srch.asp



## Handler Detail


**LOU BOLE CARPET CARRIERS INC NEWARK**
**NJD085650935**

\*\* = Indicates source record used for Universe Calculations

| Handler Universes |           |             |            |          |          |                |          |                    |                 |                       |
|-------------------|-----------|-------------|------------|----------|----------|----------------|----------|--------------------|-----------------|-----------------------|
| In a Universe     | Genstatus | Transporter | Univ Waste | Recycler | Used Oil | Furnace Exempt | Importer | Onsite Burner Exem | Mixed Waste Gen | Underground Injection |
| N                 | N         | N           | N          | N        | NNNNNNNN | U              | U        | U                  | U               | N                     |

| Permitting and Corrective Action Universes |                  |                      |                 |             |               |                     |                            |                         |  |
|--|------------------|----------------------|-----------------|-------------|---------------|---------------------|----------------------------|-------------------------|--|
| Permit Workload                            | Closure Workload | Postclosure Workload | Permit Progress | CA Workload | Subject to CA | Subject to CA - TSD | Subject to CA - Discretion | Subject to CA - Non-TSD |  |
| -----                                      | -----            | -----                | -----           | N           | N             | N                   | N                          | N                       |  |

| Compliance, Monitoring and Enforcement and GPRA Universes |               |     |        |             |                  |          |         |
|---|---------------|-----|--------|-------------|------------------|----------|---------|
| Full Enforcement  | Operating TSD | SNC | BOYSNC | GPRA Permit | GPRA Postclosure | GPRA CME | GPRA CA |
| -----   | -----         | N   | N      | N           | N                | N        | N       |

| Source Summary Table |        |          |              |              |
|----------------------|--------|----------|--------------|--------------|
| Act Loc              | Source | Sequence | Receipt Date | Non-notifier |
| NJ                   | ** 1   | 1        | 7/8/1999     |              |
| NJ                   | N      | 1        | 9/27/1988    |              |

[Add Site Identification Form](#)
[RCRA Site Detail Report](#)
[Universe Justification](#)
[Create New Activity Location](#)

 Go To 

URL: /Handler2/HAND\_main.asp



# Site Identification Form Update



\* = Indicates you must provide this field.

|                             |   |  |  |
|-----------------------------|---|--|--|
| <b>General Information:</b> |   |  |  |
| Received Date: 9/27/1988    | Extract to Public <input checked="" type="checkbox"/> | Non-<br>notifier: <input type="text"/> | Send Acknowledgement: <input type="checkbox"/> |
| Number of Employees: 0      | Seq: 1  |  |  |

|   |
|---|
| <b>1. Reason for Submittal(Source)</b>  |
| <input checked="" type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). (Source N) |
| <input type="checkbox"/> To provide subsequent notification (to update site identification information). (Source N)   |
| <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. (Source A)   |
| <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application. (Source A)   |
| <input type="checkbox"/> As a component of the Hazardous Waste Report. (Source R)   |
| <input type="checkbox"/> Implementer - Agency that is Implementer of Record for Handler. (Source I)   |
| <input type="checkbox"/> Emergency. (Source E)  |
| <input type="checkbox"/> Temporary. (Source T)  |

|                   |                      |                    |    |
|-------------------|----------------------|--------------------|----|
| <b>2. Site ID</b> |                      |                    |    |
| EPA ID:           | NJD085650935         | Activity Location: | NJ |
| Second ID:        | <input type="text"/> |                    |    |

|                     |                                |
|---------------------|--------------------------------|
| <b>3. Site Name</b> |                                |
| Name:               | * LOU BOLE CARPET CARRIERS INC |

|  |                          |                               |                         |
|--|--------------------------|-------------------------------|-------------------------|
| <b>4. Site Location (Physical address not P.O. Box or Route)</b> |                          |                               |                         |
| Number: 445  | Street1: * WILSON AVE    | Street2: <input type="text"/> |                         |
| City: * NEWARK   | State: * NJ - New Jersey | Zip code: * 071054213         | County: * ESSEX - NJ013 |
| State District: NORTHERN   |                          |                               |                         |

|                          |
|--------------------------|
| <b>5. Site Land Type</b> |
|--------------------------|

|                 |                      |
|-----------------|----------------------|
| Site Land Type: | <input type="text"/> |
|-----------------|----------------------|

**6. North American Industry Classification System (NAICS)**

|    |                      |
|----|----------------------|
| A. | <input type="text"/> |
| B. | <input type="text"/> |
| C. | <input type="text"/> |
| D. | <input type="text"/> |

**7. Site Mailing Address**

Copy address from

|                             |                        |                 |
|-----------------------------|------------------------|-----------------|
| Number: 445                 | Street1: WILSON AVE    | Street2:        |
| City: NEWARK                | State: NJ - New Jersey | Zip code: 07105 |
| Country: US - UNITED STATES |                        |                 |

**8. Site Contact Person**

|                          |  |                                     |
|--------------------------|--|-------------------------------------|
| First Name: LEO          | Middle Initial: <input type="text"/>   | Last Name: DAVIS                    |
| Phone Number: 2125551212 | Phone Number Ext: <input type="text"/> | Email Address: <input type="text"/> |

**8a. Site Contact Address**

Copy address from

|                              |                                     |   |
|------------------------------|-------------------------------------|---|
| Number: <input type="text"/> | Street1 or P.O. Box: 445 WILSON AVE | Street2 or P.O. Box: <input type="text"/> |
| City: NEWARK                 | State: NJ - New Jersey              | Zip code: 07105                           |
| Country: US - UNITED STATES  |                                     |   |

**9. Legal Owner and Operator**

Add/Update/Delete an Owner or Operator

**A. Legal Owner**

| Act Loc | Seq | Ind | Type | Date Became Current | Date Ended Current | Owner Name | No. | Street       | City         | State | Zip   | Phone      | Cntry |
|---------|-----|-----|------|---------------------|--------------------|------------|-----|--------------|--------------|-------|-------|------------|-------|
| NJ      | 1   | CO  | P    |                     |                    | DAVIS, LEO |     | NOT REQUIRED | NOT REQUIRED | WY    | 99999 | 2125551212 |       |

**B. Legal Operator**

| Act Loc | Seq | Ind | Type | Date Became Current | Date Ended Current | Operator Name | No. | Street | City | State | Zip | Phone | Cntry |
|---------|-----|-----|------|---------------------|--------------------|---------------|-----|--------|------|-------|-----|-------|-------|
|---------|-----|-----|------|---------------------|--------------------|---------------|-----|--------|------|-------|-----|-------|-------|

Please enter your Owner/Operator information

first.

**10. Type of Federal Regulated Waste Activity****A. Hazardous Waste Activity****1. Generator of Hazardous Waste (Federal)**

2 - HQ - Small Quantity Generator

Indicate other generator activities (check all that apply).

U - Unknown d. United States Importer of Hazardous Waste

U - Unknown e. Mixed Waste (hazardous and radioactive) Generator

Generator of Hazardous Waste (State)

For Items 2 through 6, check all that apply

☐ 2. Transporter of Hazardous Waste☐ 3. Treater, Storer, or Disposer of Hazardous Waste(at your site) Note: A hazardous waste permit is required for this activity.☐ 4. Recycler of Hazardous Waste(at your site) Note: A hazardous waste permit may be required for this activity.**5. Exempt Boiler and/or Industrial Furnace**

U - Unknown a. Small Quantity On-site Burner Exemption

U - Unknown b. Smelting, Melting, Refining Furnace Exemption

☐ 6. Underground Injection Control**B. Universal Waste Activities****1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply).**

|                    | Generated                | Accumulated              |
|--------------------|--------------------------|--------------------------|
| Batteries - (US)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Lamps - (US)       | <input type="checkbox"/> | <input type="checkbox"/> |
| Pesticides - (US)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Thermostats - (US) | <input type="checkbox"/> | <input type="checkbox"/> |

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities****1. Used Oil Transporter - Indicate Type(s) of Activity (ies)**☐ a. Transporter☐ b. Transfer Facility**2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)**☐ a. Processor☐ b. Re-refiner☐ 3. Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate Type(s) of Activity (ies)**☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. State Activities****10a. Latitude/Longitude**

|   |  |  |  |
|---|--|--|--|
| Latitude Measure: <input type="text" value="0"/>  |  | Longitude Measure: <input type="text" value="0"/>        |  |
| Geometric Type Code: <input type="text"/>         | Reference Point Code: <input type="text"/>         | Source Map Scale Numbers: <input type="text" value="0"/> |  |
| Horizontal Accuracy Measure: <input type="text"/> | Horizontal Collection Method: <input type="text"/> | Horizontal Reference Datum: <input type="text"/>         |  |

**11. Description of Hazardous Wastes**

To enter multiple waste codes, hold down the CTRL key and click the individual codes or hold down the SHIFT key and click to select a range of codes.





| Type D   | Type F   | Type K   | Type P   | Type U   | Type X   |
|--|--|--|--|--|--|
| <input type="checkbox"/> Select All  | <input type="checkbox"/> Select All  | <input type="checkbox"/> Select All  | <input type="checkbox"/> Select All  | <input type="checkbox"/> Select All  | <input type="checkbox"/> Select All  |
| <input type="text" value="D001"/><br><input type="text" value="D002"/><br><input type="text" value="D003"/><br><input type="text" value="D004"/><br><input type="text" value="D005"/><br><input type="text" value="D006"/><br><input type="text" value="D007"/><br><input type="text" value="D008"/><br><input type="text" value="D009"/><br><input type="text" value="D010"/> | <input type="text" value="F001"/><br><input type="text" value="F002"/><br><input type="text" value="F003"/><br><input type="text" value="F004"/><br><input type="text" value="F005"/><br><input type="text" value="F006"/><br><input type="text" value="F007"/><br><input type="text" value="F008"/><br><input type="text" value="F009"/><br><input type="text" value="F010"/> | <input type="text" value="K001"/><br><input type="text" value="K002"/><br><input type="text" value="K003"/><br><input type="text" value="K004"/><br><input type="text" value="K005"/><br><input type="text" value="K006"/><br><input type="text" value="K007"/><br><input type="text" value="K008"/><br><input type="text" value="K009"/><br><input type="text" value="K010"/> | <input type="text" value="LABP"/><br><input type="text" value="P001"/><br><input type="text" value="P002"/><br><input type="text" value="P003"/><br><input type="text" value="P004"/><br><input type="text" value="P005"/><br><input type="text" value="P006"/><br><input type="text" value="P007"/><br><input type="text" value="P008"/><br><input type="text" value="P009"/> | <input type="text" value="U001"/><br><input type="text" value="U002"/><br><input type="text" value="U003"/><br><input type="text" value="U004"/><br><input type="text" value="U005"/><br><input type="text" value="U006"/><br><input type="text" value="U007"/><br><input type="text" value="U008"/><br><input type="text" value="U009"/><br><input type="text" value="U010"/> | <input type="text" value="C165"/><br><input type="text" value="C168"/><br><input type="text" value="C195"/><br><input type="text" value="C217"/><br><input type="text" value="C224"/><br><input type="text" value="C226"/><br><input type="text" value="C227"/><br><input type="text" value="C228"/><br><input type="text" value="C229"/><br><input type="text" value="C245"/> |

**12. Comments**  characters remaining.

Update 10/03 to ensure Leg\_Dist is associated with correct Counties

**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

|            |                      |                |                      |           |                      |
|------------|----------------------|----------------|----------------------|-----------|----------------------|
| First Name | <input type="text"/> | Middle Initial | <input type="text"/> | Last Name | <input type="text"/> |
| Title      | <input type="text"/> | Date           | <input type="text"/> | Signature | <input type="text"/> |
| First Name | <input type="text"/> | Middle Initial | <input type="text"/> | Last Name | <input type="text"/> |
| Title      | <input type="text"/> | Date           | <input type="text"/> | Signature | <input type="text"/> |
| First      | <input type="text"/> | Middle         | <input type="text"/> | Last      | <input type="text"/> |

|            |                      |                |  |           |                      |
|------------|----------------------|----------------|--|-----------|----------------------|
| Name       |                      | Initial        |  | Name      |                      |
| Title      | <input type="text"/> | Date           | <input type="text"/>  | Signature | <input type="text"/> |
| First Name | <input type="text"/> | Middle Initial | <input type="text"/>   | Last Name | <input type="text"/> |
| Title      | <input type="text"/> | Date           | <input type="text"/>  | Signature | <input type="text"/> |
| First Name | <input type="text"/> | Middle Initial | <input type="text"/>   | Last Name | <input type="text"/> |
| Title      | <input type="text"/> | Date           | <input type="text"/>  | Signature | <input type="text"/> |
| First Name | <input type="text"/> | Middle Initial | <input type="text"/>   | Last Name | <input type="text"/> |
| Title      | <input type="text"/> | Date           | <input type="text"/>  | Signature | <input type="text"/> |

**Cancel** **Save (Please click only once.)**

URL: /Handler/HAND\_siteid\_update.asp